







## FIG. 4

P.O. NO
ORDER LIST
LAST NAME  FIRST NAME  E-MAIL ADDRESS:  STREET  CITY  STATE  STATE  BILLING ADDRESS:  STREET  CITY  STATE  TELEPHONE NO. ()  CREDIT CARD: VISA_ MC_ AM EXP_ DISCOV  EXPIRATION DATE:/
CREDIT CARD # CONTRACTOR/ CUSTOMER ACCOUNT NUMBER:
MATERIALS/SUPPLIES OREDERED  VENDOR  OTY. DESCRIPTION SKU BARCODE PART NO.  NAME
DELIVERY DATE/  DELIVERY LOCATION  STREET  CITY  STATE ZIP  PAGE 1 OF N